| For replacement ballot, mail or bring |
|---------------------------------------|
| form to:                              |
| County Clerk-Recorder                 |
| 1055 Monterey Street, D120            |
| San Luis Obispo CA 93408              |
| (805) 781-5080                        |
|                                       |
| Or fax the form to:                   |
| (005) 704 4444                        |

| Property ID: |  |
|--------------|--|
| Parcel/APN # |  |
| Date Issued: |  |

(805) 781-1111

## STATEMENT OF REQUEST FOR NEW ASSESSMENT BALLOT

| I,  | do hereby state, under                       |
|---|--|
| (Print Name)  | •  |
| penalty of perjury, the following:                        |  |
| I am requesting a new ballot be issued sent to the Clerk. | d to me changing my vote from one previously |
| Dated:  |  |
| Signature of Property Owner:                              |  |
| Residence Address:  |  |
| Mailing Address:  |  |